
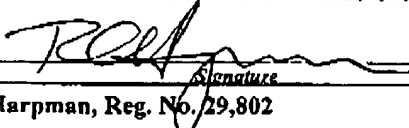


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 4429
Applicant(s): Frank Ridel, Jr.			
Application No. 10/840,065	Filing Date May 6, 2004	Examiner Stashick, Anthony D.	Group Art Unit 3728
Invention: MONOLITHIC SHOE LIFT DEVICE			RECEIVED CENTRAL FAX CENTER AUG 28 2006
<p>I hereby certify that this <u>Amendment</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>August 28, 2006</u> (Date)</p> <p><u>R.C. Harpman</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): Frank Ridel, Jr.				4429	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/840,065	May 6, 2004	Stashick, Anthony D.	27149	3728	6653
Invention: MONOLITHIC SHOE LIFT DEVICE					
RECEIVED CENTRAL FAX CENTER AUG 28 2006					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	20	0	x \$25.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____					
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Dated: August 25, 2006					
 R.C. Harpman, Reg. No. 29,802					
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
CC:					

P11SMALLREV10

RECEIVED
CENTRAL FAX CENTER

AUG 28 2006

Appl. No. : 10/840,065
Applicant : Frank Ridel, Jr.
Filed : May 6, 2004
For: : MONOLITHIC SHOE LIFT DEVICE
TC/A.U. : 3728
Examiner : Stashick, Anthony D.

Docket No. : 4429
Customer No. : 27149
Confirmation No. : 6653

Date: August 25, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of June 12, 2006, please amend the
above identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.